U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

granted & survival / survival.

	1 / 2004 Through: 12 / 31 / 2004			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name EDWARD WALSH	Name NEW YORK STATE IRON WORKERS DISTRICT COUNCIL			
	Labor Organization File Number			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 505 WHITE PLAIMS ROAD	Street SOS WHITE PLAINS ROAS			
City TARRYTOWN.	City TARRYTOWN			
State NEW YORK ZIP Code + 4 10591	State NEW YORK ZIP Code +4 10591			
5. Position in labor organization.				
Enter appropriate data below If, during the past fiscal year, you or your spo (except as specified in the exclu	use or minor child directly or indirectly had any of the following interests usions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati	derived income or other economic benefit of on represents or is actively seeking to represent.			
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
	7.b. Amount.			
Street				
City				
State ZIP Code + 4	Commentered and commentered an			
Signa	ature			
15. Signature and verification. The undersigned declares, under penalty of F submitted in this report (including the information contained in any accompanyi undersigned's knowledge and belief, true, correct, and complete. (See the sec	Perjury and other applicable penalties of the law, that all of the information			
Signed Elliaid flood	On 8-7-05 914-332-4430			
<i>V</i>	Date Telephone Number			

Name of Person Filling EDWARD WILSH	File Number U-
B. Held an interest in or derived income or economic benefit with monetar substantial part of which consists of buying from, selling or leasing to, or of an employer whose employees your labor organization represents or is (2) any part of which consists of buying from or selling or leasing directly of dealing with your labor organization or with a trust in which your labor organization.	otherwise dealing with the business sactively seeking to represent, or or indirectly to as otherwise.
8. Name and address of Business (including trade name, if any).  Name IMPAUT  Trade Name, if any:  P.O. Box, Bldg., Room No., if any NW LOBBY  Street 1750 NEW YORK AVENUE, NW  City WASHNL HON  State D.C. ZIP Code + 4 2006	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	11.a. Nature of such dealing.  RELEIVES CONTRIBUTIONS FROM EMPLOYERS WHO HAVE COLLECTIVE BARBAINING CONTRACTS WITH LOCAT UNIONS - 4519, 541. IMPACT LEMSES OFFICE SPACE - EM PloyEES FROM IRON WORKERS, 1057,284  11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  HIZIOH ATLANTIC C. L. RELIONAL AGVISORY  REMORE SECTIONAL AGVISORY
C. Received from any employer (other than an employer covered unc	BONRD, FOOD + DRINKS  8/4/04 DINNER, BOILERMAKERS, SC  12.b. Amount.  230-  der parts A and B above)
or from any labor relations consultant to an employer any payment of mone  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.

Name of Person Elling		
Name of Person Filling EDWARD WALSH		File Number U-
B. Held an interest in or derived income or economic benefit with moneta substantial part of which consists of buying from, setting or leasing to, or of an employer whose employees your labor organization represents or i (2) any part of which consists of buying from or setting or leasing directly dealing with your labor organization or with a trust in which your labor organization.	otherwise dealing with the business s actively seeking to represent, or	s
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C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone	der parts A and B above) by or other thing of value.	
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name COLLERAN, D'HARA, MILIS	GOLF OUTNE	DINNERS, CHRISTMAS
Trade Name, if any:	The fair for the fair	THE REPORT OF THE PARTY OF THE
P.O. Box, Bldg., Room No., if any Suite 450	Table Control of the	
Street 1225 FRANKLIN AVENUE	-	The second secon
City GAESEN CITY		
State NEW YORK ZIP Code + 4 11530		
3.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	\$576.
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Name of Person Filing EDWARD WALSH		File Number U-
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B. Held an interest in or derived income or economic benefit with moneta substantial part of which consists of buying from, selling or leasing to, or of an employer whose employees your labor organization represents or is (2) any part of which consists of buying from or selling or leasing directly dealing with your labor organization or with a trust in which your labor org	otherwise dealing with the busines s actively seeking to represent, or	s
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Name SMITH BARNEY	GOLF DUTNE	4 Dinner
Frade Name, if any:		
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Name of Person Filling EDWARD UALSH		File Number U-
B. Held an interest in or derived income or economic benefit with monetar substantial part of which consists of buying from, selling or leasing to, or of an employer whose employees your labor organization represents or is (2) any part of which consists of buying from or selling or leasing directly of dealing with your labor organization or with a trust in which your labor organization.	therwise dealing with the business actively seeking to represent, or	S
8. Name and address of Business (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	9. Business deals with:  a. Labor Organizat  b. Trust  c. Employer	ion
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<ul> <li>C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money</li> </ul>	er parts A and B above)  or other thing of value.	
3.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name WEISS AND PECK	60LF OUTING	t D'uness
P.O. Box, Bldg., Room No., if any		
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Name of Person Filling EDWARD WALSH		File Number U-
B. Held an interest in or derived income or economic benefit with monets substantial part of which consists of buying from, selling or leasing to, or of an employer whose employees your labor organization represents or (2) any part of which consists of buying from or selling or leasing directly dealing with your labor organization or with a trust in which your labor organization.	otherwise dealing with the busines is actively seeking to represent, or	
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Treet NEW YORK ZIP Code + 4 10036-2477	14.a. Nature of payment.  GOUF DUTING	DINNER
3.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	¥ 115.—

Name of Person Filing EDWARN WALSH		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your tabor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
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rade Name, if any:	+ LUNCH		
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<ul> <li>Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money</li> </ul>	r parts A and B above) or other thing of value.	
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rade Name, if any:	National Association (Association (Associati	
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reet 1449 LEXINGTON AVENUE	Personal district Constitution of the Constitu	To the second se
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ate New York ZIP Code + 4 10/28		
b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	\$ 125